UNITED STATES DISTRICT COURT

	for the			
Northern District of California				
CORNELL WELL, JR.)))			
Plaintiff(s) V. NATIONAL BOARD OF MEDICAL EXAMINERS, a not-for-profit corporation; FEDERATION OF STATE MEDICAL BOARDS, INC., a not-for-profit corporation Defendant(s))) Civil Action No.))))			
SUMMONS IN A CIVIL ACTION				
To: (Defendant's name and address) FEDERATION OF STATE MEDICAL EXAMINERS, a not-for-profit corporation;				
A lawsuit has been filed against you. Within 21 days after service of this summons on	you (not counting the day you received it) — or 60 days if you			
are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of attorned to the served on the plaintiff or plaintiff's attorney,			
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.				
	CLERK OF COURT			
Date:				

Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was rea	This summons for (name on (date)	ne of individual and title, if ar	ny)		
wasic	cerved by the on (ame)		·		
	☐ I personally served the summons on the individual at (place)				
			on (date)	; or	
	I left the summons at the individual's residence or usual place of abode with (name) , a person of suitable age and discretion who resides there, on (date) , and mailed a copy to the individual's last known address; or				
	\square I served the summons on (name of individual), who				
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the summons unexecuted because			; or	
	☐ Other (specify):				
	My fees are \$	for travel and S	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
Date:					
		_	Server's signature		
		_	Printed name and title		
		_	Server's address		

Additional information regarding attempted service, etc: